



DO/EO BIBLIOGRAPHIC DATA ENTRY

09 / 868001 SERIAL NUMBER: RECEIPT DATE: 06 / 13 / 01 IA FILING DATE: 12 / 29 / 99 IA NUMBER: PCT/ FI99 / 01091 FAMILY NAME: HULKKONEN DELAY WAIVED (Y/N): Y GIVEN NAME: DEMAND RECEIVED (Y/N): *TO*NY Υ PRIORITY DATE: 12 / 30 / PRIORITY CLAIMED (Y/N): 98 NO BASIC FEE (Y/N): N US DESIGN ATTORNEY DOCKET NUMBER: 4925-121PUS COUNTRY: US DESIGNATED ONLY (Y/N): M

CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER: 000000 TELEPHONE 000000000

FAX

NAME: MICHAEL C. STUART

COHEN PONTANI LIEBERMAN & PAVANE

STREET: 551 FIFTH AVENUE

SUITE 1210

CITY: NEW YORK

STATE/COUNTRY: NY ZIP: 10176

EMAIL:

APPLICATION TITLES:

MANAGEMENT OF MULTIPLE SUBSCRIBER INDENTITIES

TAB TO LAST POSITION, PUSH SEND